					Ind	ividu	ual F	Roon	n Ch	eck	s/Mo	onito	oring		
Youth:_										Date:					
Shift: Check One:			□ AM □ PM □ Suicide Watch						И		ı	□Gra	ave		
										□Illness			ess		
□ Time Out/Disci						plinary				□ Isolation					
	Ti	me P								Time	Remo	oved F	From Room:		
											:				
Room #	Awake	Sleeping	Crying	Reading	Agitated	Screaming or Yelling	Rest Room	Eating	Visiting	Showering	Talking w/ Roommate	ner	. History of the state of the s	Stam Initials	
Times	A	Sle	Ş	Reg	Agi	Scr	Res	Eat	Vis	Shc	Tal	Other	Comments	o Ta	
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